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CENTRAL INTELLIGENCE AGENCY  
INFORMATION REPORT

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COUNTRY	Poland	REPORT	
SUBJECT	1. Polish Army Medical Information 2. Miscellaneous Data on Military Training	DATE DISTR.	23 February 1955
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This is UNEVALUATED Information

THE SOURCE EVALUATIONS IN THIS REPORT ARE DEFINITIVE.  
THE APPRAISAL OF CONTENT IS TENTATIVE.  
(FOR KEY SEE REVERSE)

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ARMY review completed.

25 YEAR RE-REVIEW

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STATE	///X	ARMY	///X	NAVY	///X	AIR	///X	FBI	AEC					
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NOTE: Washington distribution indicated by "X"; Field distribution by "#".

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REPORT

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COUNTRY Poland

DATE DISTR. Dec. 21, 1954

SUBJECT 1. Polish Army Medical Information  
2. Miscellaneous Data on Military Training

NO. OF PAGES 19

DATE OF INFORMATION

REFERENCES:

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PLACE ACQUIRED

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THIS IS UNEVALUATED INFORMATION

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The  
commission examined approximately 300 candidates for the Artillery  
OCS in Olsztyn from about 15 August 1951 to 1 September 1951.  
data on it:

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25 YEAR RE-REVIEW

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a. Organization and Functions of Medical Examination Commission

The medical examination commission consisted of one presiding medical officer and seven medical officer members, [redacted] listed as: Eye Specialist, Ear, Nose and Throat Specialist, Surgeon, Internist, Dermatologist, Dental Officer, and Neurologist. [redacted]

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[redacted] Ranks of these medical officers ranged from lieutenant to major. [redacted]

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The examinations were conducted in four rooms of a building at the Artillery OCS. The first room was used by the eye doctor; the second room was jointly used by the ear, nose and throat and dental officers; the third room by the dermatologist and neurologist; and the fourth room by the surgeon, internist and the presiding medical officer.

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[redacted] all candidates were given a color blindness test (Ishihara); those candidates who wore glasses had to have vision not less than minus 6-D (believed to be 6 diopters) or were not accepted for OCS training or for service in the army.

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b. Examination Procedures

The candidates were both civilians and EM. Their ages averaged from 18 to 22. [redacted] completion of seven years of schooling was necessary.

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Prior to his examination, each candidate was given a Wassermann test, chest fluoroscope, blood sedimentation rate test, and a urinalysis at Military Garrison Hospital #103.

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[redacted] Several EM candidates stated they had been selected for OCS training by their company CO's against their own wishes. [redacted]

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Each candidate was asked whether he drank intoxicating beverages and to what extent, in order to determine alcoholic tendencies.

Postures in standing and walking positions plus control over arm and leg reflexes were also verified. Epilepsy was also considered as disqualifying but none of the OCS candidates examined [redacted] had ever had a history of epilepsy.

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Reflex reactions tests included the eye pupils, nystagmus, tendon reflexes, abdominal, cremaster, knee and ankles. In the abdominal test [redacted] a metal pin [redacted] across each candidate's stomach to check the flesh reaction. [redacted] each candidate was given the Babinski reflex test.

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The candidates' heads were examined for scars and depressions.

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An equilibrium test was given in which each candidate had to keep his feet together and close his eyes while attempting to maintain a steady balance.

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a. Standards

The candidates walked naked from room to room during the physical examination and carried their own medical records into which the medical officers wrote their findings. The presiding medical officer collected the medical records from each candidate and on the basis of the medical officers' findings, made the final decision on the physical fitness of each candidate.

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[redacted] if one of the medical officers found a candidate not physically fit, the presiding medical officer approved the findings and rejected the candidate.

If the candidate was physically fit but had a minor disorder such as poor hearing in one ear, lack of teeth, or one varicose vein, the presiding medical officer decided on his physical fitness for OCS training. If a candidate had several minor disorders, the presiding medical officer usually rejected him. When in doubt, the presiding medical officer normally consulted the surgeon, internist, or the medical officer who made the finding in order to decide the candidate's fitness for OCS training or his rejection. The presiding medical officer had authority to grant some waivers within limit.

When a medical officer was in doubt of his diagnosis, he could send the candidate to Military Garrison Hospital #103 for laboratory tests or X-rays.

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The only disqualifying factors [redacted] were the presence of several enlarged varicose veins, sinusitis and epilepsy. [redacted] candidates [redacted] disqualified [redacted] were very few.

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b. Regulations Governing Standards

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[redacted] These physical standards were often referred to by medical officers as "Zdr 20/51", (Zdr was translated as Zdrowie or Health), which he explained as being Regulation #20 of 1951. approved by the Ministry of Health. [redacted] these regulations contained the physical standards for officers, career NCO's, inductees, and officer candidates. [redacted] the larger part of these regulations were devoted to the physical requirements for pilots and pilot training.

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[redacted] following information on the regulations:

The regulations, which were classified as secret, were in a book with dark-covered hard cloth covers which was

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approximately 8-mm thick and 12 cm wide and 18 cm long.

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The book contained four columns which were placed on the right and opposite the various physical requirements. Above each column was the title "Inductee", "OCS", "Career NCO" and "Officer." In the column marked "OCS" and opposite the requirement or ailment, appeared the letter "Z" meaning physically fit (zdolny) or the letter "N" meaning physically unfit (niezdolny). In the remaining three columns and opposite each ailment or disorder appeared one letter, A, B, C, D, or E.

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alphabetical letters and their definitions as pertaining to categories of physical fitness:

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- A - Fit for duty with front line units.
- B - Fit for duty with front line units but exempt from any strenuous duties. Unfit for OCS training.
- C - Unfit for duty with front line units due to a temporary physical disorder.
- D - Fit for duty with service-type units.
- E - Completely and permanently unfit for military service.

there were several other columns which were entitled "Infantry", "Artillery", "Air Force", "Armor", "Medical Service", and "Quartermaster." In these columns, opposite the physical ailment, appeared the plus or minus sign. The plus sign indicated that an individual with such a disorder could be assigned to that branch of service. The minus sign indicated that the individual was not to be assigned to that branch of service.

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this book was probably used as a guide by all medical examining commissions conducting physical examinations of individuals for military service.

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physical requirements and the letter that appeared in the "OCS" column:

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Varicose veins in the scrotum (varicocele). . . . A  
(but not fit for OCS training)

Vision - with glasses, stronger than . . . . . E  
minus 6-D

Narcotism . . . . . E

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Chronic Alcoholism . . . . . E  
 Psychopathic . . . . . E  
 Neurosis with vegetative tendencies . . . . E or D  
 Psychiatric diseases or alienations . . . . . E  
 Previous illness but without recurrences . . B or D  
 Lack of part of cranium with pulsation in area. . D  
 Lack of part of cranium without pulsation. . . . B  
 Feeble-mindedness . . . . . D or E  
     (dependent upon degree)  
 History of previous nerve disorders . . . . . A  
 without traces  
 History of previous nerve disorders . . . . . E  
 with evident traces  
 (Example: No feeling in muscles when squeezed  
 or weak movement of muscles.)

3.

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information on medical care and  
 procedures 25X1  
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a. Duties of a Regimental Medical Officer

(1.) Administrative

A newly-assigned regimental medical officer was supposed to be oriented on his duties by the outgoing regimental medical officer. An inventory was to be taken of the medicaments, drugs, instruments and equipment plus the condition of the dispensary, and signed by both medical officers.

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The regimental medical officer was to prepare a monthly plan of his routine duties. He had no guide but the plan had to be submitted to the division medical officer for approval. It was to include the medical officer's daily activities for the entire month and was to show the number of hours allotted to each type of duty and also anticipated interruptions for conferences as well as time for his own studies.

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The medical officer also maintained a special notebook with numbered pages, fastened with string, into which he made notes or copied pertinent extracts of regulations and orders issued by regimental and division headquarters. This notebook was considered a classified document and given to the unit's document section at the end of the day. (Regulations prohibited the keeping of any classified documents after duty hours.) No further information.

## (2.) Inspections

The medical officer was responsible for the physical condition of the troops in the regiment. [redacted] 25X1

[redacted] there was a saying among the medical officers to the effect that a regimental medical officer had no time for his assigned duties because he was constantly answering to the regimental commander for some incident involving the troops. ([redacted] 25X1

if an inspection showed that troops could not wash because of defective water faucets, the regimental medical officer would be admonished for failing to check on the regimental quartermaster and making certain that the necessary repairs were made. If an EM sprained his hand or injured his fingers on athletic equipment, the medical officer would be admonished for failing to check the condition of the equipment.)

[redacted] a regimental medical officer would be severely punished for an outbreak of a contagious disease in the regiment, although he did not know of any such actual cases. 25X1

[redacted] the best policy for the regimental medical officer was to maintain a friendly relationship with the regimental quartermaster who was responsible for utilities, maintenance and repair. This would be advantageous to both, and protect them from constant harassment and punishment by the regimental commander. 25X1

## (3.) Examination of Recruits

One of the regimental medical officer's responsibilities was to examine newly arrived recruits. A standard printed medical record was prepared for each EM and maintained at the dispensary. When the physical condition of a recruit or soldier was in doubt, he was sent to a military garrison hospital for a thorough examination and possibly a discharge for medical reasons. [redacted] 25X1

## (4.) Mess Sanitation

[redacted] designated a feldsher (Feldshers were defined as persons who had some formal medical training but were not doctors) to conduct inspections of kitchens, messhalls, to sample food, and to inspect latrines, urinals, and living quarters of EM. [redacted] 25X1

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[redacted] regulations required that mess-halls and kitchens were to be inspected daily. In addition, a sample of each item of food was to be taken and stored in a cabinet at the dispensary for a 24-hour period. The samples would be tested in the event of an outbreak of dysentery or other illness.

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Vegetables, meat, and fish were to be inspected daily because of the ease with which they spoiled. Kitchen utensils, such as pots and pans, were to be given a double rinse in boiling water and air-dried. Kitchen personnel were to be examined for cleanliness, and were supposed to wear clean white aprons and head coverings. Soap and towels were to be made available for kitchen personnel at all times.

Fresh barley and peas were to be poured out on a large table and carefully inspected to avoid their being cooked with such items as cloth, paper, string, dead mice or other foreign matter.

Kitchens were required to have several individual tables to be used for raw meats, cooked meats, macaroni, barley, peas, and other fresh vegetables. These tables were to have a permanent type of metal covering.

The menu was to be inspected daily to make certain that the troops were being fed an adequate quantity of food containing sufficient calories. The medical officer was to make a notation into the food officer's mess book to the effect that the food was examined and found to be palatable and could be served to the troops. Without such a notation the food could not be served.

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The menu was prepared for a period of one week and showed the type of food and the amount of calories per meal. The menu was usually signed by the regimental CO, mess officer and the medical officer, and prominently displayed in the messhall.

The kitchen's food storage room was inspected for cleanliness, method of storage, and the amount of food in storage (which was not to exceed one day's supply).

Kitchen personnel were to be examined once a month for skin diseases and contagious diseases. A stool examination was also made.

The medical officer was also to inspect the motor vehicles being used to transport bread and fresh meat from State bakeries and abbatoirs.

The EM living quarters were to be inspected frequently to insure that proper standards of sanitary conditions were maintained. Latrines and urinals were to be inspected daily. Chlorinated lime was used as a disinfecting agent in latrines and urinals.

The regimental garbage dump was to be inspected frequently for proper disposal of waste.

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## (5.) Water Sanitation

Water which was not drawn from a tested city reservoir was to be tested about once every two weeks. Samples were sent to the nearest military laboratory.

b. 53d Inf. Regt. Dispensary at Muszaki

## (1.) Description

The dispensary was in an uncamouflaged canvas tent, approximately four meters wide, six meters long, three meters high at the three center poles, and  $1\frac{1}{2}$  meters high at the four sides.

The tent was used as sleeping quarters by the two regimental feldshers and contained four wooden folding chairs, one small wooden folding table, one wooden file cabinet for patients' medical records and the dispensary sick book (both standard forms), and two wooden drawers for medical instruments and medicaments. One wooden field chest had first aid supplies such as bandages, gauze, adhesive tape, tongue depressors, and splints.

## (2.) Medications

[redacted] some of the medications available at the dispensary. They were sulfanilamide (tablet form); aspirins; headache powders (tablet and wafer form, 0.3 grams); laxative powders; epsom salts; castor oil; bismuth; tanalbin; carbon; belladonna; menthol (liquid); adonitis, tincture of valerian; convallaria; coramin (drops and injections); metrazol; caffeine; morphine; pantopon; opium drops; and adrenalin.

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[redacted] 1 cc glass ampules being used for some drugs. The ampules were opened at one end with a small saw or by striking the ampule tip against a hard object.

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[redacted] zinc ointment, vaseline, black salve, ichthyol, hydrogen peroxide, calcium hypermangium (crystal form), magnesia (powder form), quinine tablets, DDT powder, protargyrol, cod liver oil ointment and "Unguent Wilkinson."

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Neither penicillin nor any other antibiotics were available.

The dispensary did not have a refrigerator nor were any drugs stored at specific temperatures.

## (3.) Care and Treatment

[redacted] the strength of the 53d Inf Regt at 2,000 officers and EM. Approximately 80 EM reported to the dispensary daily on sick call. He knew of no officers in the regiment who ever reported on sick call.

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Approximately 15% of the patients complained of boils, [ ] attributed to uncleanness. Treatment consisted of an application of a salve or ointment containing sulfanilamide or ichthyol. Some patients were given gradual injections of from 1 to 7 cc of pasteurized milk in the buttocks over a period of several days. The milk was supplied in 10 cc bottles. Other patients were given an intra-muscular injection of 2 cc of "Delbet" vaccine.

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Approximately 10% of the patients had athlete's foot. The usual treatment for it was to soak the feet in a solution containing from 1 to 2% of formaldehyde for about five minutes.

About 10% of the patients complained of arthritis. The common treatment consisted of a massage with methylene salicylicum (methyl salicylate). If such treatment failed to give the patient any relief, he was referred to the Military Garrison Hospital #103.

Approximately 5% of the patients complained of backaches [ ] considered to be caused by colds.

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The remainder of the patients usually complained of tooth ailments, tonsil infections, sore throats, diarrhea and minor ailments.

In July 1951, one company of the 53d Inf Regt was quarantined for approximately two weeks because of six cases of mumps (which were referred to the Military Garrison Hospital #103 for treatment). The personnel of this company gargled their throats daily with a solution of "Chinosol", ate last, and thoroughly rinsed their own mess gear while under quarantine.

[ ] about five EM had contracted gonorrhea and were sent to Military Garrison Hospital #103 for treatment. [ ]

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(During July 1951, a mobile X-ray unit, mounted in one vehicle, X-rayed the 53d Inf Regt's troops.

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#### (4.) Medical Equipment

[ ] medical instruments at the dispensary:

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Toothed dissecting forceps	Sharp spoon
Non-toothed dissecting forceps	Sponge holding forceps

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Grooved director	Syringes and needles
Straight scissors	Suturing equipment
Scalpels	Needle holder and needles
Mayo Oschner's forceps	Clamps for cuts
Splints, various sizes	Three hand-stretchers
Tweezers	Tracheotomy tube

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c. 53d Inf Regt Medical Unit

[redacted] the regimental medical unit consisted of two medical officers (a regimental medical officer and an assistant regimental medical officer), two fieldshers (one was a warrant officer and the other a senior sergeant), and about five aidmen who were lower ranking EM. In addition, about 15 men from the regiment were assigned to the medical unit for practical training as aidmen.

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Each battalion had one aidman whose duties were to inspect garbage disposal; disinfect the shower floors, and urinals and latrines with chlorinated lime. Battalions did not have their own dispensaries.

[redacted] in time of peace, each battalion was authorized one aidman. [redacted] in time of war, the regimental medical officer would at his discretion assign additional aidmen to each battalion and its respective companies.

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## (1.) Sick Call Procedures

EM who desired to attend sick call reported to the company senior sergeant who entered their names into the company sick book. Regimental sick call was usually held between 1900 and 2000 daily, at which time the EM and the company sick books were sent to the dispensary. Emergencies could be treated at any time.

The regimental medical officer entered such data as the EM's name, diagnosis, treatment, and date, into the regimental sick book and signed it. He also made similar entries into the company's sick book and included the patient's duty status and whether the patient was exempt from drill and/or PT or referred to the Military Garrison Hospital #103 for treatment.

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[redacted] The company sick

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book was also signed by the medical officer and then returned to the company. Patients referred to the hospital were usually transported in a regimental vehicle. Patients with dental complaints were referred to the division dispensary for treatment.

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## (2.) Transportation

The regimental dispensary did not have any ambulances or other type of vehicular transportation. Vehicles were usually requested from the regiment. the division had about four ambulances which were to be used for emergency purposes only.

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## (3.) Water Supply

Each regiment obtained its water supply from an artesian well by means of an electric pump. The water was stored in a raised tank holding approximately 2,000 to 3,000 liters. Water tests were taken about every two weeks. This water was considered potable only after boiling. Water used for washing was pumped from a nearby lake and was not potable. No further information.

## (4.) Sewage Disposal

Each regiment had its own cistern for sewage. This was a pit of unknown dimensions, filled with brush and sand and covered with wooden boards, into which the sewage was drained. The camp area was sandy and had a clay subsurface, which made drainage rather difficult.

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## (5.) Garbage Disposal

garbage was thrown into a shallow pit dug about 100 meters from the camp area. Trash was also disposed of in the same manner. There was no system of marking garbage pits.

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## (6.) Toilet Facilities

each regiment had three latrines accommodating a maximum of 16 persons. The latrines were wooden buildings about 4 x 8 x 2½ m in size. They were cleaned and disinfected daily with chlorinated lime. Urinals were V-shaped troughs constructed from wood and lined with tar paper. No further details.

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## d. Division Dispensary at Muszaki

one medical officer, one dentist, and about 15 beds being available for patients undergoing treatment.

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e. 53d Inf Regt Dispensary at the Caserne In Ostroda

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(1.) Description

The dispensary was located in a two-story brick building, approximately 8 x 12 m, and contained a waiting room, treatment room, pharmacy, medical officer's office, and a sick ward, which was partitioned into several sections for patients having ordinary complaints (scabies, dysentery, diarrhea) and suspected cases of typhoid or other contagious diseases.

(2.) Capacity

About 15 beds were available to accommodate patients up to five days but never longer than ten days. Patients who were seriously ill and required prolonged hospitalization were usually sent to Military Garrison Hospital #103 for treatment.

(3.) Medications

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a current inventory was kept on every item, showing the amounts issued and supplies on hand.

Medical supplies were received from the medical service of the Warsaw Military District every six months and based upon a requisition submitted by the pharmacy.

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f. Military Garrison Hospital #103, Olsztyn

(1.) Description

this hospital was subordinate to the Military District Hospital in Warsaw.

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(See page 19 for hospital installation sketch.)

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(2.) Capacity

the hospital had about 110 beds. About 10% were usually unoccupied.

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The hospital had four wards: (1) Surgery - containing about 35 beds, (2) Internal Diseases - about 35 beds, (3) Skin and Venereal Diseases - about 25 beds, and (4) Other Contagious Diseases - about 15 beds.

(3.) Medical Staff

The hospital's medical staff consisted of about

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23 male medical officers: 13 doctors, two dentists, two pharmacists, four administrative medical officers, and two feldshers. Officers' ranks ranged from lieutenant to major; the feldshers were a warrant officer and a captain.

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Of these doctors [redacted] there were two surgeons, one eye, ear, nose and throat specialist, three internists, one neurologist (source), one gynecologist, one X-ray specialist, one laboratory analyst, one oculist, one medical officer, who was the senior member of a permanent medical examining commission, and a hospital commandant.

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One medical officer was detailed daily as medical officer of the day, and he remained on duty for a twenty-four hour period. All medical officers were normally on duty at the hospital six days per week, from 0800 to 1500 hours. Several medical officers worked in State dispensaries after normal duty hours in order to supplement their income.

#### (4.) Nursing Staff

[redacted] about 20 civilian female nurses were assigned to each of the four wards. Three nursing shifts were employed, each shift was on duty for eight hours.

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[redacted] the nurses [redacted] in their early twenties, not very efficient, nor well-trained.

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#### (5.) Medical Library

The hospital maintained a small medical library, which contained about 100 medical textbooks. No other data could be recalled concerning these books, which were for the use of medical officers.

The library also received various types of Polish magazines concerning surgical operations, treatments, and medicines. [redacted] one monthly magazine called the Military Doctor (Lekarz Wojskowy).

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#### (6.) Medical Supplies and Drugs

[redacted] the hospital pharmacy had an adequate amount of various medical supplies and drugs [redacted]

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[redacted] penicillin in powder form and/or oil base was available. Penicillin was stored in small glass tubes, each

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containing 300,000 units. The glass tubes had rubber stoppers through which the needles were inserted. [redacted] a supply of bromide solutions; caraine, solution or ampule containing 0.1 cc; phenobarbital, and sulfanilamides.

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The hospital maintained an unknown quantity of medical supplies, drugs and equipment in permanent storage, which was to be used in the event of mobilization. The hospital commandant was the only person authorized to enter the mobilization medical supply storage area located at the hospital. Further details were unknown.

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#### (7.) Care and Treatment

Hospital patients were Polish military officers and enlisted personnel plus the dependents of officers and career NCO's. The officers and EM came from various military units located in the area of Olsztyn. [redacted]

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Average time spent by the patients at the hospital amounted to 10 days and any longer period was frowned upon by the hospital commandant. If this was not possible, the patient was referred to the Military District Hospital in Warsaw.

The hospital was capable of performing appendectomies, stomach operations, hernia, and bone operations, in addition to treating patients for various minor types of ailments.

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[redacted] In some cases, treatment consisted of milk injections, aspirin and narcium salicilicum for those patients complaining of sciatica.

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Bed patients were visited once each morning by a medical officer. Afternoon visits were also made, but only in cases of emergency.

Nurses on duty in the ward administered the medical officer's prescriptions to the patients.

Dependents of officers and career NCO's were entitled to free medical and dental care. Maternity and other cases requiring hospitalization, however, were not accepted at Garrison Hospital #103. These were referred to a State hospital or possibly the Military District Hospital in Warsaw.

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[redacted] the overall medical care seemed to be adequate and that the medical officers were competent.

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(8.) Medical Equipment

[redacted] the hospital's surgery had one autoclave in addition to the necessary instruments for operations, and one anoscope with an electric light.

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The x-ray room had one permanent x-ray unit.

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The laboratory contained various types of equipment but did not have the equipment necessary for conducting bacteriological tests.

The dental unit had two dental chairs in addition to the equipment and instruments required by the dentist.

[redacted] instruments included a stethoscope, percussion hammer and a spinal needle.

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All the medical equipment appeared to be rather old and worn but in fairly good condition; however, a number of medical officers frequently stated that the hospital lacked modern equipment.

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(9.) Water Supply, Power and Heat

The hospital's water supply was furnished by the city and was considered potable throughout the entire hospital.

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The city also provided the hospital with electrical power from an unidentified city power plant. The hospital did not seem to have its own electrical power supply units to be used in cases of emergency.

Radiators were installed throughout the hospital and heat appeared to be furnished from a central heating plant.

(10.) Transportation

[redacted] two ambulances assigned to the hospital for emergency use. The military units, however, provided the vehicular transportation for patients to and from the hospital.

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[redacted] live mortar fire training being conducted by several mortar squads of an u/1 company, 53d Inf Regt. [redacted]

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[redacted] each mortar firing several rounds at targets approximately four kilometers away. The targets were wooden houses and a cemetery.

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[redacted] the accuracy of the mortar fire was very poor in that they failed to strike the designated targets.

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[redacted] the code name of "Stag" (Jelen) being used to identify the 53d Inf Regt when using the field telephones. The 18th Inf Div used "Rose" (Roza); whereas

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"Rose #2" was used to identify the 18th Inf Div Hq at  
the caserne in Olsztyn.



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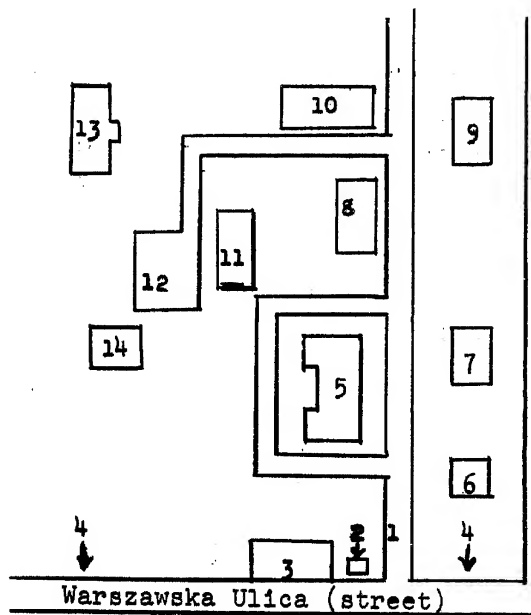
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Military Garrison Hospital #103, OLSZTYN (ALLENSTEIN)



Not drawn to scale

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## Legend

Military Garrison Hospital #103, Olsztyn Allenstein

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Approximately two ambulances were available for service.

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1. Entrance - Approximately 4 m wide, leading to a smooth macadam road.
2. Guard Booth - Also contained entrance into hospital. One-story concrete building, approximately 2½ m square. Sentry on duty.
3. Unoccupied Building - Three-story red brick building, approximately 10 x 30 m. it was used as a school for aidmen.
4. Metal Picket Fence - Approximately 2 m high.
5. Hospital Commandant's Hq - Three-story red brick building, approximately 15 x 40 m. Contained offices of hospital's executive officer, administrative offices, classified document section, analysis laboratory, visitor's room, dental office and pharmacy.
6. Autopsy Building - One-story, red brick building, approximately 10 m square.
7. BOQ - Two-story red brick building, approximately 10 x 20 m.
8. Medical Duty Officer's Office and Dispensary - One-story red brick building, approximately 10 x 20 m.
9. Hospital Ward - One-story red brick building, approximately 16 x 20 m. For patients with contagious diseases.
10. Hospital Ward - One-story red brick building, approximately 10 x 40 m. For patients with skin and venereal diseases.
11. Kitchen, Messhall and Laundry - One-story red brick building, approximately 10 x 40 m.
12. Vehicle Parking Area
13. Hospital Surgical Operation Rooms and X-ray Department - Two-story brick building, approximately 10 x 40 m. Second floor contained internal diseases ward.
14. Uniforms, Clothing and Medical Supplies - Two-story red brick building, approximately 10 x 15 m. Also contained unknown quantities of medical supplies for use in the event of a mobilization.

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